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(Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/713,242 11/14/2003 Ting He HRA-14970 1185

TITLE OF INVENTION. H	IGH THROUGHPUT MUL	II-CHANNEL K	JIATINGD	ISK OR KING-DISK ELECTR	ODE ASSEMBLY AND M	етнор	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	07/12/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
OLSEN, KAJ K		1753	1753 205-775000				
L Change of correspondence address or indication of "Fee Address" (37 CFR 1.53). Change of correspondence address (or Change of Correspondence Address form FTO/SB/12) attached. "Fee Address form FTO/SB/1			2. For printing on the patient front page, list (1) the names of up to 3 registered patient automosy or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patient automosy or agent) and the names of up to 2 registered patient automosy or agents. If no name is listed, no name will be printed.				
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	enclosed: small entity discount permitte f Copies	ed)	Paymen	Fee(s): in the amount of the fee(s) is or t by credit card. Form PTO-203- ctor is hereby authorized by cha	B is attached.	edit any overpayment, to ira copy of this form).	
a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.		cant is no longer claiming SMA			
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